PART B - FEE(S) TRANSMITTAL 0 /- 3 /- 05

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RADER, FISHMAN & GRAUER PLLC 39533 WOODWARD AVENUE SUITE 140 BLOOMFIELD HILLS, MI 48304-0610				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.		
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3 FRABONATION NO. 6.	00 DA FILING DATE	FIRST NAMED IN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/042,576 01/09/2002		•	Thomas M. Lill		DP-306157-6586	
TITLE OF INVENTION. TIKE PRESSURE MONITOR AND LOCATION INDENTIFICATION \$151EM AND METHOD						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE			TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370		\$300	\$1670	02/02/2005
EXAMINER		ART UNIT	. CL	ASS-SUBCLASS		
PHAM, LAM P		2636		340-445000		
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat	e address or indication of "F lence address (or Change of 22) attached. ion (or "Fee Address" Indica or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
DELPHI TECHNOLOGIES, INC. TROY. MICHIGAN						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governm						
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Deposit Account Number (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature Supe Gush Date 1-28-05						
Typed or printed name	Susan Gri	shar-	Registration No.			
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